



# REPORT OF TANNING FACILITY INSPECTION

State Form 47626 (R2 / 5-00)

**INDIANA PROFESSIONAL LICENSING AGENCY**  
302 West Washington Street, Room E034  
Indianapolis, IN 46204

<div style="border: 1px solid black; padding: 2px;">Name of facility</div> <div style="border: 1px solid black; padding: 2px; height: 40px;">Location</div> <div style="border: 1px solid black; padding: 2px;"><div style="display: flex; justify-content: space-between;"><div style="width: 60%;">Name of manager</div><div style="width: 40%;">Telephone number (      )</div></div></div> <div style="border: 1px solid black; padding: 2px;">Former owner and/or name</div> <div style="border: 1px solid black; padding: 2px;">Number of devices</div>		<div style="border: 1px solid black; padding: 2px;">Inspections this licensing period</div> <div style="border: 1px solid black; padding: 2px;">Date (month, day, year)</div> <div style="border: 1px solid black; padding: 2px;">Name of owner</div> <div style="border: 1px solid black; padding: 2px;">Address (number and street)</div> <div style="border: 1px solid black; padding: 2px;"><div style="display: flex; justify-content: space-between;"><div style="width: 70%;">City and state</div><div style="width: 30%;">ZIP code</div></div></div> <div style="border: 1px solid black; padding: 2px;">Telephone number (      )</div>			
<div><b>LICENSE:</b> <input type="checkbox"/> Application Submitted <input type="checkbox"/> Properly Licensed      <input type="checkbox"/> Displayed</div> <div><b>NOTIFICATION:</b> <input type="checkbox"/> Proper notice of new sunlamp products <input type="checkbox"/> Notification of changes in facilities/operating procedures</div> <div><b>CONSUMER PROTECTION:</b> <input type="checkbox"/> Consumers Instructed    <input type="checkbox"/> Exposures Limited <input type="checkbox"/> Exposure Distance      <input type="checkbox"/> Lamps    <input type="checkbox"/> Filters <input type="checkbox"/> Lamps Shielded      <input type="checkbox"/> Temperature Controlled <input type="checkbox"/> Emergency Telephone List</div> <div><b>PROTECTIVE EYEWEAR:</b> <input type="checkbox"/> Adequate Number      <input type="checkbox"/> Compliant <input type="checkbox"/> Eyewear Used</div> <div><b>SANITIZATION:</b> <input type="checkbox"/> Proper Sanitizer      <input type="checkbox"/> Body Contact Surfaces Sanitized <input type="checkbox"/> Eyewear Sanitized <input type="checkbox"/> Sanitizer Test Kit      <input type="checkbox"/> Single Use Toweling</div> <div><b>TIMER SYSTEM:</b> <input type="checkbox"/> Timers exceed maximum recommended exposures  <input type="checkbox"/> Proper Timers <input type="checkbox"/> Graduations Consistent with Exposure Schedule <input type="checkbox"/> Timer Error Less Than 10%</div> <div><b>TERMINATION CONTROLS:</b> <input type="checkbox"/> Consumer Termination Control <input type="checkbox"/> Operator Termination Control</div>		<div><b>EQUIPMENT CONSTRUCTION:</b> <input type="checkbox"/> Design-      <input type="checkbox"/> Electrical Safety <input type="checkbox"/> Mechanical Safety    <input type="checkbox"/> Proper Access and Support</div> <div><b>LABEL REQUIREMENTS:</b> <input type="checkbox"/> Warning Statement - Danger <input type="checkbox"/> Legible      <input type="checkbox"/> Lamp Types <input type="checkbox"/> Minimum Exposure Distance <input type="checkbox"/> How Measured <input type="checkbox"/> Warning - Protective Eyewear <input type="checkbox"/> Warning - Maximum Exposure Time <input type="checkbox"/> Exposure Schedule    <input type="checkbox"/> Time to Expect Results <input type="checkbox"/> Misleading Statements</div> <div><b>DEVICE LABELS:</b> <input type="checkbox"/> Manufacturer's Name and Address <input type="checkbox"/> Month/Year manufactured <input type="checkbox"/> Model/Type    <input type="checkbox"/> Serial Number    <input type="checkbox"/> Legible</div> <div><b>CERTIFICATION LABELS:</b> <input type="checkbox"/> Provided      <input type="checkbox"/> Legible</div> <div><b>WRITTEN RECORDS</b> <input type="checkbox"/> Written Warning Statements <input type="checkbox"/> Assurance of Notification <input type="checkbox"/> Signed      <input type="checkbox"/> Visits Recorded <input type="checkbox"/> Exposure Times Recorded <input type="checkbox"/> Records Kept Maintained <input type="checkbox"/> Customer Address, Telephone, Age Recorded</div> <div><b>PARENTAL CONSENT</b> <input type="checkbox"/> Persons less than 18 years: written parental consent provided  <input type="checkbox"/> Persons less than 16 years accompanied by parents</div>		<div><b>USERS INSTRUCTIONS:</b> <input type="checkbox"/> Provided by Manufacturer <input type="checkbox"/> Available to Consumer <input type="checkbox"/> Exposure Recommendations <input type="checkbox"/> Contains Warning Label <input type="checkbox"/> Instruction for Replacement Parts</div> <div><b>WARNING SIGNS:</b> <input type="checkbox"/> Properly Located      <input type="checkbox"/> Legible <input type="checkbox"/> Proper Size      <input type="checkbox"/> Properly Worded</div> <div><b>OPERATORS:</b> <input type="checkbox"/> Operators Trained      <input type="checkbox"/> List Provided <input type="checkbox"/> List Maintained</div> <div><b>INJURY REPORT:</b> <input type="checkbox"/> Filed      <input type="checkbox"/> 48 Hours / Telephoned <input type="checkbox"/> 7 Days Written</div> <div><b>ADVERTISING:</b> <input type="checkbox"/> No Safe or Free of Risk Claims <input type="checkbox"/> No Promotion of Unlimited Use</div>	
<div style="display: flex; justify-content: space-around;"><span><input type="checkbox"/> Approved</span><span><input type="checkbox"/> * Pending</span><span><input type="checkbox"/> Closed</span><span><input type="checkbox"/> Disapproved</span><span><input type="checkbox"/> Out of Business</span><span><input type="checkbox"/> Terminated</span></div>					
Remarks:					
<b>WARNING: The continued violation may result in the assessment of civil penalties.</b>					
Name of Inspector		Date received by owner/operator (month, day, year)			
		Date follow-up (month, day, year)			

\* Date of follow-up must be indicated.